MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(1539)

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (In this place) 6 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS I. O. O. F. Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) ~~I. O. O. F. Home~~ 2630 5th St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SARAH	L.	ALBAUGH	2	21	1950

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W	W	4-8-1868	81 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Utica, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Lenhart	Sarah E. Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	I. O. O. F. Home Records, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 9, 1949, to Feb, 1950, that I last saw the deceased alive on Feb 20, 1950, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm M. Smith	M. D.	Frederick, Maryland	2-21-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb-23-1950	Fairmount Cemetery	Libertytown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
22 Feb 1950	Elizabeth S. Hack.	M. R. Etchison & Son, Frederick,	Maryland

RECEIVED
FEB 27 1950
BUREAU V. S.

01540

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 141

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
LENGTH OF STAY (In this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 East 'D' St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural give location) 17 East 'D' Street

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Clayton (Last) Anderson
4. DATE OF DEATH (Month) 2 (Day) 10 (Year) 50 19

5. SEX M x
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9-1-06
9. AGE last birthday 43 yrs. If under 1 year Months 5 Days 9 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Clayton A. Anderson
14. MOTHER'S MAIDEN NAME Elsie Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 236-12-1184
17. INFORMANT Mrs. Susie Mc.C. Anderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Immediate

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) Death 2-10-50 3:20 A m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. W. Bau (Degree or title) ADDRESS Frederick, Md. DATE SIGNED 2-10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-12-50
NAME OF CEMETERY OR CREMATORY Park Heights
LOCATION (City, town, or county) Brunswick (State) Md.

DATE REC'D BY LOCAL REG. Feb. 11, 50
REGISTRAR'S SIGNATURE Kathryn H. Brown
24. FUNERAL DIRECTOR C.H. Feete & Bro. ADDRESS Brunswick, Md.

10247

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 13 1950
AUBURN, N. Y.

MARYLAND STATE DEPARTMENT OF HEALTH

01541

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH- COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick-RD
LENGTH OF STAY (in this place): 5 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montevue

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Walkersville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) DAVID (Last) BARRICK
4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 1950

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 9-13-1877
9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Walkersville, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David M. Barrick
14. MOTHER'S MAIDEN NAME: Lillie A. Main

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: D. M. C. A., David M. Barrick Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteri-sclerotic Cardio-vascular disease — Interval between onset and death: 5 years

422,1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ YY

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1949, to Feb. 23, 1950, that I last saw the deceased alive on Feb. 23, 1950, and that death occurred at 11:55 A m., from the causes and on the date stated above.

SIGNATURE: Bernard O. Thomas Jr. (Degree or title): M. D. ADDRESS: Frederick, Maryland DATE SIGNED: 2-24-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 2-26-50 | NAME OF CEMETERY OR CREMATORY: Glade Cemetery | LOCATION (City, town, or county) (State): Walkersville, Maryland

DATE REC'D BY LOCAL REG.: 24 Feb 1950 | REGISTRAR'S SIGNATURE: Elizabeth S. Heck. | 24. FUNERAL DIRECTOR ADDRESS: M. R. Etchison & Son, Frederick, Maryland

OOOVV

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FEB 28 1950
BUREAU

01542

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A16

1. PLACE OF DEATH- COUNTY: Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick — LENGTH OF STAY (in this place): 5 days	~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lewistown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) ALLEN	(Middle) B.	(Last) BORTNER	4. DATE OF DEATH	(Month) Feb. (Day) 19 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widowed	8. DATE OF BIRTH: June 2, 1878	9. AGE last birthday: 71 yrs.	If under 1 year: Months 8, Days 17; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter	10b. KIND OF BUSINESS OR INDUSTRY: Bldg. Construction	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Ezra Bortner	14. MOTHER'S MAIDEN NAME: Sarah Bankard				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No	16. SOCIAL SECURITY No.: 219-20-1060	17. INFORMANT AND ADDRESS: Mrs. Ralph Ritenour			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 1 hr

420.1 Antecedent cause(s) —

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: Feb 15	19b. MAJOR FINDINGS OF OPERATION: Incis & Drainage Hematoma Leg	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 14, 1950, to Feb 18, 1950, that I last saw the deceased alive on Feb 18, 1950, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E P Thomas		Frederick Md	Feb 18

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify): Burial	DATE: Feb. 22, 1950	NAME OF CEMETERY OR CREMATORY: Utica Cemetery	LOCATION (City, town, or county) (State): Utica, Md.
DATE REC'D BY LOCAL REG.: 20 Feb 1950	REGISTRAR'S SIGNATURE: Elizabeth G. Heck	24. FUNERAL DIRECTOR: M. L. Creager & Son.	ADDRESS: Thurmont, Md.

308 V9

RECEIVED
FEB 24 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01543

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH. COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Thurmont — LENGTH OF STAY (In this place): 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Thurmont
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	Allen	Brooks	Feb.	2	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	June 24, 1949	yrs.	7	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	none	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Brooks	Sylvia Stouter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
✓	✓	Charles Brooks Thurmont, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
921.0 **Immediate cause** (a) Asphyxiation	5 min.
195d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) aspiration of food	
(c)	

11. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF ~~INJURY~~	(CITY OR TOWN)	(COUNTY)	(STATE)
	Dessie Howe	Thurmont RFD	Frederick	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
2.	2.	50	2 p.m.			Aspiration of food.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R W Baer — DR. R. W. BAER (Degree or title) — DEPUTY MEDICAL EXAMINER — ADDRESS: Frederick — DATE SIGNED: 2.2.50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Feb. 4, 1950	Blue Ridge Cemetery	Thurmont	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 3, 1950	Blanche S. Eyler	M. L. Creager & Son.	Thurmont, Md.

5-0-6-24-9-18-2-40-X

VS. A16A

RECEIVED
FEB 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01544

Reg. Dist. No. 137

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Liberty town
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty town

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Liberty town
STREET ADDRESS (If rural give location) Liberty town

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) Coates
4. DATE OF DEATH (Month) 2 (Day) 19 (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2/19/1876
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Frederick Co.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Issac Coates
14. MOTHER'S MAIDEN NAME Mary Hamelin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT William J. Coates

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxiation due to
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Strangulation by hanging (suicide)
(c)

974
164a

INTERVAL BETWEEN ONSET AND DEATH: 5 min.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm woods
(CITY OR TOWN) near Liberty (COUNTY) Frederick Co. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 2.19.50 11 Am.?
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Suicide by hanging

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE R. W. Baer (Degree or title) DR. R. W. BAER DEPUTY MEDICAL EXAMINER ADDRESS Frederick, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/23/50
NAME OF CEMETERY OR CREMATORY John Wesley
LOCATION (City, town, or county) Liberty town (State) Md
DATE REC'D BY LOCAL REG. 22 Feb. 1950
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Chas. E. Hicks III ADDRESS Frederick, Md.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01545

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Frederick
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Doubs
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Doubs
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LAURA	HATTIE	DAVIS	2	5	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	W	M	9-19-1871	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home		Doubs, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Carey	Mary Specht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Samuel H. Davis, Doubs, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Decompensation	10 hrs
571.1 Antecedent cause(s)	(b) Coronary Occlusion	12 hrs
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Enteritis & Diarrhea	1 wk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 1/29, 1950, to 2/5, 1950, that I last saw the deceased alive on 2/5, 1950, and that death occurred at 9:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert Price	M. D.	Jefferson, Maryland	2-6-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-8-50	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8 Feb 1950	Elizabeth G. Hacke	M. R. Etchison and Son	Frederick, Maryland

VS/A15

RECEIVED
FEB 15 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01546

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick | LENGTH OF STAY (in this place): 9 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Airy
STREET ADDRESS (If rural, give location): Main Street

3. NAME OF DECEASED (Type or Print): (First) Mr. Nathan (Middle) G. (Last) Dorsey

4. DATE OF DEATH: (Month) Feb. (Day) 8 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 6-15-1887

9. AGE last birthday: 62 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Byron S. Dorsey

14. MOTHER'S MAIDEN NAME: Martha Hanna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Viva B. Dorsey, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of the Prostate Gland	6 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastases to Pelvic Bones.	
	(c)	

177
510

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept. 1949 | 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Prostate | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 6, 1950, to Feb 8, 1950, that I last saw the deceased alive on Feb 8, 1950, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. A. Pearre, M.D. | ADDRESS: Frederick Md. | DATE SIGNED: 2/8/50.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: 2-10-1950 | NAME OF CEMETERY OR CREMATORY: Pine Grove | LOCATION (City, town, or county) (State): Mt. Airy, Md.

DATE REC'D BY LOCAL REG.: 9 Feb 1950 | REGISTRAR'S SIGNATURE: Elizabeth S. Heck.

24. FUNERAL DIRECTOR — ADDRESS: C. M. Waltz, Winfield, Md.

VS. 413

15679

RECEIVED
FEB 15 1950
BUREAU U. S.

Evidence for addition in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

C1547

FILM No. G 124 MAR 13 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY in this place: Since 7/25/49 to present
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Upper Marlboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Porter (Last) Ellington

4. DATE OF DEATH (Month) (Day) (Year): Feb. 12, 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 20, 1903

9. AGE last birthday: 46 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Bayard H. Ellington

14. MOTHER'S MAIDEN NAME: Belle Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: 241-24-0738

17. INFORMANT: Patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Apoplexy — ½ hr.

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Tumor of the Brain; Primary site (3/12/50 - A.S.) — 1 yr.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 9 mos.

237 574

19a. DATE OF OPERATION: Nov. 1, 1949

19b. MAJOR FINDINGS OF OPERATION: Probable tumor of Pons -- inoperable

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1949, to Feb. 12, 1950, that I last saw the deceased alive on Feb. 12, 1950, and that death occurred at 3:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. D. Lyon, M.D. — ADDRESS State Sanatorium, Md. — DATE SIGNED 2/13/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb. 15, 1950 — NAME OF CEMETERY OR CREMATORY: Chester Cem. — LOCATION (City, town, or county) (State): Chestertown, Kent Co. Md.

DATE REC'D BY LOCAL REG. 2/12/50 — REGISTRAR'S SIGNATURE J. D. Lyon

24. FUNERAL DIRECTOR — ADDRESS: Marvin D. Williams, Chestertown, Md.

27860

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
FEB 15 1950
BUREAU V. S.

Evidence for correction of father's surname is shown on Film G-124 -3/21/50.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01548

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocky Ridge; LENGTH OF STAY (in this place) 50 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocky Ridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Estella	I	Engwar	Feb.	3	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	July 17, 1864	85 yrs.	6	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Retired	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John H. Bell.	Isabelle McClain.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Miss Nettie O. Englar

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.1 Immediate cause	(a) Chronic Myocarditis with Pleural effusion	
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1950, to Feb. 7, 1950, that I last saw the deceased alive on Feb. 7, 1950, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. H. Legg M D		Union Bridge	2-2-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb. 4, 1950	Mt. [illegible] Cemetery	Rocky Ridge	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 3, 1950	Blanche L. Eyler	B. F. Creager & Son.	Thurmont. Md

RECEIVED
FEB 6 1950
BUREAU V. S.

Evidence for addition of #21 shown on:

FILM No. G 12 MAR 30 1950

01549

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
LENGTH OF STAY (in this place) 59 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 418 West Potomac

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 418 W Potomac St.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) — (Last) Everhart

4. DATE OF DEATH (Month) 2 (Day) 17 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Sept 21st 1870
9. AGE last birthday 79 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer
10b. KIND OF BUSINESS OR INDUSTRY B&O.R.R.
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Everhart
14. MOTHER'S MAIDEN NAME Catherine Leopold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY No. 705-12-3790
17. INFORMANT AND ADDRESS Mrs. Betty M. Everhart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	1 hour
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Fractured Hip	3 mo.

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186a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 1949 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? fall (3/29/50 akc)

22. I hereby certify that I attended the deceased from 12/2, 1949, to 2/17, 1950, that I last saw the deceased alive on 2/17, 1950, and that death occurred at 11:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS DATE SIGNED
C. E. Carpenter — Louettsville — Va 2/18/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE 2-20-50
NAME OF CEMETERY OR CREMATORY Reformed
LOCATION (City, town, or county) (State) Knoxville Md

DATE REC'D BY LOCAL REG. 2-18-50
REGISTRAR'S SIGNATURE Kathryn H. Brown
24. FUNERAL DIRECTOR C. H. Fuite & Bro ADDRESS Brunswick Md.

Dep

322 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

011550

Reg. Dist. No. 1-71

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 223 E. Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 223 East Potomac St.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Margaret (Last) Ewing

4. DATE OF DEATH: (Month) 2 (Day) 8 (Year) 19 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 12-25-1871

9. AGE last birthday: 78 yrs. If under 1 year: Months. 1 Days 13 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dennis Conlin

14. MOTHER'S MAIDEN NAME: Bridget Cuminghame

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 0

17. INFORMANT AND ADDRESS: Mrs. Josephine Heinz, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure. — Interval between onset and death: 3 wks.

442 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a

(b) Cardio-vascular renal disease — yrs.

(c) Generalized arteriosclerosis — yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-24-, 1950, to 2-8-, 1950 that I last saw the deceased alive on 2-8-, 1950, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) MD ADDRESS Brunswick, Md. DATE SIGNED 2-10-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2-11-50 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town, or county) (State): Frederick, Md.

DATE REC'D BY LOCAL REG. Feb. 10-1950 — REGISTRAR'S SIGNATURE: Kathryn H. Brown Regr.

24. FUNERAL DIRECTOR: C.H. Feete & Bro. — ADDRESS: Brunswick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01551

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Creagerstown; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Creagerstown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ALLEN (Middle) GEORGE (Last) FISHER

4. DATE OF DEATH: (Month) Feb. (Day) 19, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 19, 1864

9. AGE last birthday: 86 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Creagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John M. Fisher

14. MOTHER'S MAIDEN NAME: Mary Valentine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Miss Nellie Fisher Thurmont RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis — Interval Between Onset and Death: ?

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

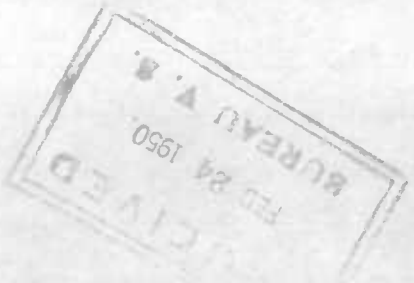
22. I hereby certify that I attended the deceased from July 1, 1949, to Feb. 19, 1950, that I last saw the deceased alive on Feb. 18, 1950, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. Franklin Bixler MD — ADDRESS Thurmont Md. — DATE SIGNED 2/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb. 22, 1950 — NAME OF CEMETERY OR CREMATORY: Creagerstown Cemetery — LOCATION (City, town, or county) (State): Creagerstown, Md.

DATE REC'D BY LOCAL REG. Feb. 20, 1950 — REGISTRAR'S SIGNATURE: Blanche S. Eyler

24. FUNERAL DIRECTOR: M. L. Creager & Son — ADDRESS: Thurmont, Md


RECEIVED
FEB 24 1950
BUREAU V. S.

01552

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY: Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick — LENGTH OF STAY (In this place): 9 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Brunswick
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital	STREET ADDRESS (If rural, give location): 22 East "D"

3. NAME OF DECEASED (Type or Print)	(First) Carson	(Middle) F.	(Last) Flanigan	4. DATE OF DEATH	(Month) 2 (Day) 15 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH: Dec 30 1896	9. AGE last birthday: 53 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman	10b. KIND OF BUSINESS OR INDUSTRY: B&O. R.R.	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: Joseph Flanigan	14. MOTHER'S MAIDEN NAME: Annie Niemyer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No	16. SOCIAL SECURITY No.: 705-10-4186	17. INFORMANT AND ADDRESS: wife			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

156.1 Immediate cause (a) Carcinoma of liver

Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastasis to lungs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 6, 1950, to Feb. 15, 1950, that I last saw the deceased alive on Feb. 15, 1950, and that death occurred at 9:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. A. Pearre, M.D. Frederick, Md.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE: 2/18/50	NAME OF CEMETERY OR ~~CREMATORY~~: Lutheran Cem	LOCATION (City, town, or county) (State): Middletown Md.
DATE REC'D BY LOCAL REG.: 17 Feb 1950	REGISTRAR'S SIGNATURE: Elizabeth G. Heck	24. FUNERAL DIRECTOR: C. H. Feete & Bro Brunswick	ADDRESS: Md.

418 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C1553

Reg. Dist. No. 141

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 523 West Potomac

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 523 West Potomac

3. NAME OF DECEASED (Type or Print) (First) Lena (Middle) Leslie (Last) George

4. DATE OF DEATH (Month) 2 (Day) 28 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH Sept 25 1880
9. AGE last birthday 69 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John E. George
14. MOTHER'S MAIDEN NAME Orra Vints

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Harry George Jr Brunswick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Breast

170 Antecedent cause(s) (b) Metastasis of Lungs & Glands

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Sept 1947
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast & Glands
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1947, to 2/28, 1950, that I last saw the deceased alive on 2/25, 1950, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE C. L. Truitt Jr. (Degree or title) ADDRESS Brunswick Md DATE SIGNED 3/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-2-1950
NAME OF CEMETERY OR CREMATORY Reformed
LOCATION (City, town, or county) Lovettsville (State) Virginia

DATE REC'D BY LOCAL REG. March 1-50
REGISTRAR'S SIGNATURE Kathryn H. Brown
24. FUNERAL DIRECTOR C. H. Feile & Bro ADDRESS Brunswick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

2

RECEIVED
JUN 6 1950
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01554

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH
COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Since 9/20/48 to present
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: State Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location): 206 W. South St.

3. NAME OF DECEASED (Type or Print): (First) Everett (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) Feb. (Day) 12, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 8, 1911

9. AGE last birthday: 38 yrs. If under 1 Year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David Johnson

14. MOTHER'S MAIDEN NAME: Emmo O. Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 217-12-1468

17. INFORMANT: Patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Silico - Tuberculosis — About 3½ yrs.

001 Antecedent cause(s)

13a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Do not know as yet

20. AUTOPSY? Yes ☐ No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 20, 1948, to Feb. 12, 1950, that I last saw the deceased alive on Feb. 12, 1950, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

SIGNATURE: J. B. Lyon, M.D. (Degree or Title) ADDRESS: State Sanatorium, Md. DATE SIGNED: 2/13/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb 15, 1950 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem. — LOCATION (City, town, or county) (State): Frederick, Md.

DATE REC'D BY LOCAL REG. 2/12/50 — REGISTRAR'S SIGNATURE: J. B. Lyon

24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Md. — ADDRESS

30819

RECEIVED
FEB 15 1950
BUREAU V. S.

State of Maryland
Department of Health
DIVISION OF TUBERCULOSIS
Victor Cullen State Hospital

SUPERINTENDENT
I. B. LYON, M.D.

STATE BOARD OF HEALTH
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HUNTINGTON WILLIAMS, M. D., DR. P. H.
ROBERT H. RILEY, M. D., DR. P. H., CHAIRMAN

STATE SANATORIUM, MARYLAND

February 13, 1950

Dr. A. W. Hedrich
Bureau of Vital Statistics
State Department of Health
2411 N. Charles St.
Baltimore -18- Maryland

Dear Dr. Hedrich:

I am enclosing herewith Death Certificate in the case of Everett Johnson. You will note that the cause of death is given as Silico-Tuberculosis. This diagnosis was arrived at from history and clinical findings. There is a possibility that an autopsy of the lungs may be done in this case. In the event that the anatomical diagnosis is changed I will so inform you.

Very truly yours,

I. B. Lyon, M.D.
Superintendent

IBL/hjh

RECEIVED
FEB 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 01555

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A13

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 242 East Patrick Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	CLARENCE	ALBERT	HERWIG		2	1	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	M	10-23-1895	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman		Frederick, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William A. Herwig	Annie M. Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	214-10-1389	Mrs. Fannie B. Herwig 242 E. Patrick St., Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
154 Immediate cause	(a) Intestinal Obstruction	2 days
Antecedent cause(s)		
46d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Rectum	6 mos.?
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Abdominal - perineal resection 8 days prior to death	8 days.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Jan. 24 & Feb. 1	Carcinoma of Rectum - Jan. 24 Intestinal Obstruction - Feb. 1	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 24, 1950, to Feb. 1, 1950, that I last saw the deceased alive on Feb. 1, 1950, and that death occurred at 10:35 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank D. Worthington	M. D.	Frederick, Maryland	2-3-50

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-4-50	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3 Feb-1950	Elizabeth G. Tech.	M. R. Etchison & Son,	Frederick, Maryland

21860

RECEIVED
FEB 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01556

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Thurmont — LENGTH OF STAY (In this place): 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Thurmont
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) EMMERT (Last) HESSONG
4. DATE OF DEATH: (Month) Feb. (Day) 20 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 29, 1878
9. AGE last birthday: 71 yrs. — If under 1 year: Months 8, Days 21 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John T. Hessong
14. MOTHER'S MAIDEN NAME: Ann Rebecca Gaver
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs Minnie Hessong Thurmont Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 4 weeks

502.1 Antecedent cause(s)

106b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic bronchitis — 20 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 23, 1950, to Feb. 20, 1950, that I last saw the deceased alive on Feb. 20, 1950, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE: Samuel Gray (Degree or title) M.D. ADDRESS: Thurmont Md. DATE SIGNED: Feb. 21 - 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 23, 1950 — NAME OF CEMETERY OR CREMATORY: U.B. Cemetery — LOCATION (City, town, or county) (State): Thurmont, Md

DATE REC'D BY LOCAL REG.: Feb. 22, 1950 — REGISTRAR'S SIGNATURE: Blanche S. Eyler
24. FUNERAL DIRECTOR: M. L. Creager & Son — ADDRESS: Thurmont Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1950
BUREAU V. S.

01557

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick RD#4
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Linganore

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick RD#4
STREET ADDRESS (If rural, give location) Near Linganore

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) ROBERT (Last) KEENEY, JR.
4. DATE OF DEATH (Month) 2 (Day) 11 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 1-17-1950
9. AGE last birthday yrs. If under 1 year Months Days 24 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Frederick, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Robert Keeney, Sr.
14. MOTHER'S MAIDEN NAME Margaret E. Cole
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Charles R. Keeney, Sr. (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
924.0 Immediate cause	(a) Asphyxiation - due to accidental suffocation while sleeping with mother	15 min.
182 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) near Linganore (COUNTY) Frederick (STATE) Md.
TIME OF INJURY (Month) 2 (Day) 11 (Year) 50 (Hour) 3 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Suffocation / while sleeping in bed with mother.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. W. Bare (Degree or title) ADDRESS Deputy Medical Examiner, Frederick, Maryland DATE SIGNED 2-11-50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 2-14-50
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) Frederick, Maryland (State)
DATE REC'D BY LOCAL REG. 13 Feb 1950
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

1-0-1-17-0-22-2-40-X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01558

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Frederick, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY: Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jefferson Md.
STREET ADDRESS (If rural, give location): R.F.D. I

3. NAME OF DECEASED (Type or Print): (First) Paula (Middle) Ann (Last) Kinna

4. DATE OF DEATH: (Month) 2 (Day) 4 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 2-3-50

9. AGE last birthday: 0 yrs. If under 1 year: Months 0, Days 1; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frederick, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Paul Sampson Kinna

14. MOTHER'S MAIDEN NAME: Mary Louise Kemp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Paul S. Kinna - Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 27 hrs

776 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office hldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3-, 1950, to 2-4, 1950, that I last saw the deceased alive on Feb 4, 1950 and that death occurred at 9:15 a.m., from the causes and on the date stated above.

SIGNATURE: J E Harp (Degree or title) ADDRESS: Middletown DATE SIGNED: Feb 5 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2-6-50

NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery

LOCATION (City, town, or county) (State): Middletown, Md.

DATE REC'D BY LOCAL REG.: 6 Feb 1950

REGISTRAR'S SIGNATURE: Elizabeth G. Heck

24. FUNERAL DIRECTOR ADDRESS: Gladhill Co. Middletown, Md.

2-0-2-03-0-21-1-24-1

VS. A15

RECEIVED
FEB 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01559

Reg. Dist. No. 1 3 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Middletown
LENGTH OF STAY (in this place): 70 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Middletown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anna	E.	Koogle	2	2	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	4-14-1892	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Middletown Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Daniel Kepler
14. MOTHER'S MAIDEN NAME: Martha Derr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Clarence D. Koogle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
442 Immediate cause	(a) Chronic Cardio Renal Vascular Disease	3 yrs
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
			m.			

22. I hereby certify that I attended the deceased from 6-15, 1942, to 7-2, 1950, that I last saw the deceased alive on 7-2, 1950, and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
M. U. J. Bourne Jr	Frederick Md	2-3-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-5-1950	Lutheran Cemetery	Middletown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 5, 1950	Marie Gladhill	Gladhill C.	Middletown, Md.

VS. A15

RECEIVED
FEB 21 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01560

CERTIFICATE OF DEATH

Reg. Dist. No. 132

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown; LENGTH OF STAY (in this place) 10 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Roy	Thomas	Korrell	2	28	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	11-1-1909	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
day laborer	Road Repair	Middletown, Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Noah A. Korrell	Laura Hiles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	218-01-6903	Mrs. Hilda Korrell, Middletown, Md

307X

4222

93d

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis —	1 yr
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Delirium tremens	5 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Feb. 25, 1950, to Feb. 28, 1950, that I last saw the deceased alive on Feb. 28, 1950, and that death occurred at 8.30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G. W. Allen	M.D.	Boonsboro.	3/1/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-3-1950	Lutheran Cemetery	Middletown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3-3-1950	Marie Gladhill	Gladhill Co., Middletown, Md.

VS. A15

588 V9

RECEIVED
MAR 7 1950

Middletown

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01561

Reg. Dist. No. 132

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkittsville | LENGTH OF STAY (in this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkittsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sally (Middle) Ann (Last) Lerch

4. DATE OF DEATH: (Month) 2 (Day) 6 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 4-11-1868 | 9. AGE last birthday: 82 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Harpers Ferry W. Va. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Cook | 14. MOTHER'S MAIDEN NAME: Laura E Crouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT AND ADDRESS: James Lerch Knoxville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Heart Disease (Chronic) — 5 yrs

421.4 Antecedent cause(s)

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1945, to Feb 6, 1950, that I last saw the deceased alive on Feb 5 1950, and that death occurred at 1140 m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Brunswick Md DATE SIGNED 2/7/50

23. BURIAL, CREMATION REMOVAL (Specify) | DATE 2-9-1950 | NAME OF CEMETERY OR CREMATORY Reformed | LOCATION (City, town, or county) Knoxville (State) Md

DATE REC'D BY LOCAL REG. Feb 9-50 | REGISTRAR'S SIGNATURE Marie Gladhill | 24. FUNERAL DIRECTOR C. N. Zeiler & Bro ADDRESS Brunswick Md.

VS. A15

RECEIVED
FEB 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01562

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; LENGTH OF STAY (in this place) 8 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY FREDERICK; ~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mont of Rocks; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ADAM	DAVID	LINTON	Feb.	15	1950

5. SEX	6. COLOR OR RACE	7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	W	May 23, 1858	91 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Barber	Frederick County Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Linton	Betty (last name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Russell S. Linton Willow Ave., Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Renal Suppression, nephritis, uremia	One month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertrophy of the prostate	Ten years
	(c) Senility	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile sclerosis — Twenty years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No operation		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 7, 1950, to Feb. 15, 1950, that I last saw the deceased alive on Feb. 15, 1950, and that death occurred at 4 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Nowell Belt M.D.	Frederick, Md.	2/15/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-18-50	Brook Hill Cemetery	Yellow Springs, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
17 Feb 1950	Elizabeth L. Heck.	M. R. Etchison & Son, Frederick, Maryland

700 84

RECEIVED
FEB 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01563

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lewistown
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lewistown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Clayton (Last) Lohr

4. DATE OF DEATH: (Month) 2 (Day) I8 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 27, 187[illegible]

9. AGE last birthday: 78 yrs. If under 1 year: Months 5 Days 19 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman on road.

10b. KIND OF BUSINESS OR INDUSTRY: Commodities

11. BIRTHPLACE (State or foreign country): [illegible] Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Abraham Lohr

14. MOTHER'S MAIDEN NAME: George Anna Stull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 2I2-24-6222

17. INFORMANT AND ADDRESS: Mrs. Alton Powell Thurmont, RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334 **Immediate cause** (a) Cerebral arteriosclerosis — Interval between onset and death: 5 Mos

Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): no m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1949, to Feb. 18, 1950, that I last saw the deceased alive on Feb. 14, 1950, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James K. Gray M.D. Thurmont Md. Feb 18 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Feb. 21, 1950

NAME OF CEMETERY OR CREMATORY: U.B. Cemetery

LOCATION (City, town, or county) (State): Thurmont, Md.

DATE REC'D BY LOCAL REG. Feb. 20, 1950

REGISTRAR'S SIGNATURE: Blanche S. Eyler

24. FUNERAL DIRECTOR ADDRESS: M. L. Creager & Son. Thurmont, Md

2780

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

CEIVED
FEB 24 1950
BUREAU V. S.

01564

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~231~~ 131

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place): 38 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Md. I.O.O.F.Home N.Market St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 4733 Baltimore Ave.

3. NAME OF DECEASED (Type or Print): Ruth (First) Marie (Middle) Maxwell (Last)
4. DATE OF DEATH: (Month) 2 (Day) 28 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: August 30th.
9. AGE last birthday: 1864-85 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME: Charles R. Railey
14. MOTHER'S MAIDEN NAME: Jane Bean
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): none
16. SOCIAL SECURITY NO.: -----
17. INFORMANT AND ADDRESS: I.O.O.F.Home-hospital record. ~~Frederick Maryland~~

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis, — 10 years

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteria Sclerosis — 15 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 20, 1950, to Feb 28, 1950, that I last saw the deceased alive on Feb 27, 1950, and that death occurred at 10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. M. Smith MD — ADDRESS: Frederick, Md. — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/2/50 — NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery — LOCATION (City, town, or county) (State): Bladensburg Md

DATE REC'D BY LOCAL REG.: 3/2/50 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: F. Tascha sons — ADDRESS: Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
MAR 7 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01565

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 122 East Seventh Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 122 East Seventh Street

3. NAME OF DECEASED (Type or Print): (First) FANNIE (Middle) MAY (Last) MAINE

4. DATE OF DEATH: (Month) February (Day) 18th (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): Widowed

8. DATE OF BIRTH: June 23, 1859

9. AGE last birthday: 90 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William H. Bopst

14. MOTHER'S MAIDEN NAME: Sara Lease Bopst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. John W. Grove, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

493 Immediate cause (a): Pneumonia — Interval Between Onset and Death: 5 da

Antecedent cause(s)

131 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: chronic nephritis - Uremia.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from 2/14, 1950, to 2/18, 1950, that I last saw the deceased alive on 2/18, 1950, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE: Arthur F. Woodward — (Degree or title): M. D. — ADDRESS: Frederick, Md. — DATE SIGNED: 2/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb. 21, 1950 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 20 Feb 1950 — REGISTRAR'S SIGNATURE: Elizabeth G. Heck.

24. FUNERAL DIRECTOR — ADDRESS: C.E.Cline & Son, Frederick, Maryland

RECEIVED
FEB 24 1950
BUREAU V. S.

Evidence for change of birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01566

FILM No. G [illegible] FEB 21 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick County — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg, Maryland — LENGTH OF STAY (In this place) 22 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Joseph's Central House	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Ellen	McNamara	2	3	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Sr. of Charity	12/20/1880	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hospital while able	Sister of Charity	Marion, New York	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas McNamara	Mary McCarthy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	None	Sister Rosa, Assistant

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic carcinoma Lungs	6 mo
170 50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma breast	5 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from June, 1948, to Feb 3, 1950, that I last saw the deceased alive on Feb 1, 1950, and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W.R. Radle	M.D.	Emmitsburg Md	2-3-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/6/50	St. Joseph's Cemetery (Private)	Emmitsburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/4/1950	M.F. Shuff	E.L. Allison	Emmitsburg Md

V3692

RECEIVED
FEB 15 1950
BUREAU V. S.

01567

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH · COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick — LENGTH OF STAY (in this place) 50 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 Ice Street	STREET ADDRESS (If rural, give location) 115 Ice Street

3. NAME OF DECEASED (Type or Print)	(First) FRANCES	(Middle) LEE	(Last) MOORE	4. DATE OF DEATH	(Month) 2	(Day) 18	(Year) 1950
5. SEX F	6. COLOR OR RACE C	7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify) S	8. DATE OF BIRTH ~~[illegible]~~ 1859	9. AGE last birthday 90 ? yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) North Carolina	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Dudley Moore		14. MOTHER'S MAIDEN NAME Mollie Ann White	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. Charles Fisher, Frederick, Maryland	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Haemorrhage — 3 days

331 x Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15, 1950, to 2-18, 1950, that I last saw the deceased alive on 2-18, 1950, and that death occurred at 4:45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ulysses S. Bourne	M. D.	Frederick, Maryland	2-20-50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial	DATE 2-20-50	NAME OF CEMETERY OR CREMATORY Fairview Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG. 20 Feb 1950	REGISTRAR'S SIGNATURE Elizabeth G. Heck.	24. FUNERAL DIRECTOR M. R. Etchison and Son, Frederick, Maryland	ADDRESS

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01568

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick — LENGTH OF STAY (In this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Brunswick
STREET ADDRESS (If rural, give location) 512 Maple Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Carlton (Last) Nuce
4. DATE OF DEATH: (Month) 2 (Day) 6 (Year) 1950
5. SEX: male
6. COLOR OR RACE: white
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Aug 13 1892
9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days / Hours / Min. / If under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R.R.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George W. Nuce
14. MOTHER'S MAIDEN NAME: Emma Eastow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: 705-10-2781
17. INFORMANT AND ADDRESS: Grace Crook Nuce

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 3 hrs.

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension cardio-vascular-renal disease — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1950, to Feb 6, 1950, that I last saw the deceased alive on Feb 6, 1950, and that death occurred at 11:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Brunswick, Md 2-6-50

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) | DATE 2-9-1950 | NAME OF CEMETERY OR CREMATORY Park Heights | LOCATION (City, town, or county) (State) Brunswick Md

DATE REC'D BY LOCAL REG. Feb 1950 | REGISTRAR'S SIGNATURE Elizabeth G. Heck.

24. FUNERAL DIRECTOR ADDRESS C. H. Fuller and Son Brunswick Md

32247

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01569

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place) From 7/1/49 to present
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY --
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 31
STREET ADDRESS (If rural, give location) 615 South Wolfe ✓

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) (Last) Olkowski

4. DATE OF DEATH (Month) (Day) (Year) Feb. 22, 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 8, 1913

9. AGE last birthday 36 yrs. If under 1 year Months. If under 24 hrs. Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME George Olkowski

14. MOTHER'S MAIDEN NAME Bertha Walzak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 218-05-4862

17. INFORMANT Patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	1 yr.
Antecedent cause(s)	(b)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

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132

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949, to Feb. 22, 1950, that I last saw the deceased alive on Feb. 22, 1950, and that death occurred at 12:35 P.m., from the causes and on the date stated above.

SIGNATURE O. B. Lyon, M.D. (Degree or Title) ADDRESS State Sanatorium, Md. DATE SIGNED 2/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Feb. 27, 1950

NAME OF CEMETERY OR CREMATORY Holy Rosary

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 2/22/50

REGISTRAR'S SIGNATURE O. B. Lyon

24. FUNERAL DIRECTOR ADDRESS William Fialkowski, 2007 Eastern Ave. Baltimore, Md.

27863

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01570

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 496

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown; MARYLAND; LENGTH OF STAY (in this place) 39 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Carlton (Last) Remsberg

4. DATE OF DEATH: (Month) 2 (Day) 24 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 12-4-1871

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Middletown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Remsberg

14. MOTHER'S MAIDEN NAME: Mahala Refauver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: George C. Remsberg, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Renal Vascular disease — Interval between onset and death: 2 yrs.

442 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Cerebral-Sclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1948, to Feb 24, 1950, that I last saw the deceased alive on Feb 23, 1950, and that death occurred at 4 15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J E Harp - Md — ADDRESS: Middletown — DATE SIGNED: 2-25-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2-26-50 — NAME OF CEMETERY OR CREMATORY: Reformed Cemetery — LOCATION (City, town, or county) (State): Middletown, Md.

DATE REC'D BY LOCAL REG. Feb 26-50 — REGISTRAR'S SIGNATURE: Marie Gladhill — 24. FUNERAL DIRECTOR: Gladhill Co. — ADDRESS: Middletown, Md

VS-A15

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RECEIVED
MAR 3 1950
BUREAU V. A.

01571

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick | LENGTH OF STAY (in this place): 7 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 122 West Seventh Street

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 122 West Seventh Street

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) KATE (Last) RUDY

4. DATE OF DEATH: (Month) 2 (Day) 21 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: About 1869 Unknown

9. AGE last birthday: 80? yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hostess

10b. KIND OF BUSINESS OR INDUSTRY: Hood College

11. BIRTHPLACE (State or foreign country): Middletown, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: T. Carlton Rudy

14. MOTHER'S MAIDEN NAME: Mary Ellen Lightner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: W. Dana Rudy, Mt. Airy, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Cardio-vascular Disease with Congestive heart failure.	?
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary thrombosis - old.	
	(c)	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Feb 20, 1950, that I last saw the deceased alive on Feb 20, 1950, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE: Henry V. Chase | (Degree or title): M. D. | ADDRESS: Frederick, Maryland | DATE SIGNED: 2-21-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 2-23-50 | NAME OF CEMETERY OR CREMATORY: Reformed Cemetery | LOCATION (City, town, or county) (State): Middletown, Maryland

DATE REC'D BY LOCAL REG.: 22 Feb 1950 | REGISTRAR'S SIGNATURE: Elizabeth G. Hecke

24. FUNERAL DIRECTOR | ADDRESS: M. R. Etchison and Son, Frederick, Maryland

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RECEIVED
FEB 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01572

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15A

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Doubs; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Hoods Crossing

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; STREET ADDRESS (If rural, give location) 118 East Church Street

3. NAME OF DECEASED (Type or Print): (First) GROVER (Middle) CHRISTOPHER (Last) SHAFF, SR.

4. DATE OF DEATH: (Month) 2 (Day) 11 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 10-6-1891

9. AGE last birthday: 58 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contract Mail Carrier

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Jefferson, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: M. Eugene Shaff

14. MOTHER'S MAIDEN NAME: Mary Catherine Easterday

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-18-1896

17. INFORMANT: Mrs. Lottie C. Shaff (widow)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushing injury to chest — 5 min.

810.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

1700a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Truck hit by B&O RR Train

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hoods crossing (CITY OR TOWN) Doubs (COUNTY) Frederick (STATE) Md.

TIME OF INJURY (Month) Feb (Day) 11 (Year) 1950 (Hour) 8:40 A.M.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? B&O engine #4475 hit deceased truck at crossing

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. W. Barr (Degree or title) ADDRESS: Deputy Medical Examiner, Frederick, Maryland DATE SIGNED: 2-11-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2-14-50

NAME OF CEMETERY OR CREMATORY: Union Cemetery

LOCATION (City, town, or county) (State): Lovettsville, Virginia

DATE REC'D BY LOCAL REG.: 13 Feb 1950

REGISTRAR'S SIGNATURE: Elizabeth S. Heck.

24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland ADDRESS

22295

RECEIVED
FEB 16 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01573

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jefferson
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jefferson
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) GAMALIEL (Last) SHAFF

4. DATE OF DEATH (Month) 2 (Day) 7 (Year) 1950

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) S

8. DATE OF BIRTH 1-12-1887

9. AGE last birthday 63 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Notary

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Jefferson, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME M. Eugene Shaff

14. MOTHER'S MAIDEN NAME Mary Catherine Easterday

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Grover C. Shaff 118 E. Church St., Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) Concusion Brain	2 hrs
900.0	Antecedent cause(s)	(b) Chronic Alcoholism	20 yrs
186a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Traumatic Injury to Brain	1 hr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis & Nephritis — 5 yrs

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

(CITY OR TOWN) Jefferson (COUNTY) Frederick (STATE) Md

TIME OF INJURY (Month) 2 (Day) 7 (Year) 50 (Hour) 2 A m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Fell Down Stairs

22. I hereby certify that I attended the deceased from ....., 1932, to 2/6, 1950, that I last saw the deceased alive on 2/6, 1950, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

SIGNATURE A. Talbot Baice (Degree or title) M. D. ADDRESS Jefferson, Maryland DATE SIGNED 2-8-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 2-9-50

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) Frederick, Maryland (State)

DATE REC'D BY LOCAL REG. 9 Feb 1950

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

26683

RECEIVED
FEB 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01574

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pt. of Rocks
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS /

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Fdk.
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pt. of Rocks
STREET ADDRESS / (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) Virginia (Last) Shuff

4. DATE OF DEATH: (Month) Feb (Day) 26 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 26, 1868

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Shuff

14. MOTHER'S MAIDEN NAME: Catherine Wilds.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs Myrtle Barnhouse, Pt of Rocks Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Hypertensive Nephritis	7 7
446 Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/8, 1950, to 2/26, 1950 that I last saw the deceased alive on 2/26, 1950 and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE: W B Carpenter (Degree or title) M. D. ADDRESS: Lynchburg Va. DATE SIGNED: 2/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: Feb 28 1950 NAME OF CEMETERY OR CREMATORY: Mt. Pleasant LOCATION (City, town, or county) (State): Taylorstown, Virginia

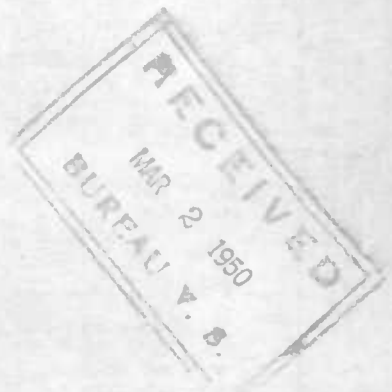
DATE REC'D BY LOCAL REG. 27 Feb 1950 REGISTRAR'S SIGNATURE: Elizabeth G. Fitch

24. FUNERAL DIRECTOR ADDRESS: M. R. Etchison & Son, Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15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MAR 2 1950
BUREAU V. S.

01575

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY: Frederick — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick — LENGTH OF STAY (in this place): 2 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Keymar
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Stockley Nursing Home	STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) B. (Last) SIMPSON			4. DATE OF DEATH (Month) Feb. (Day) 27 (Year) 1950	
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower	8. DATE OF BIRTH: July 12-1861	9. AGE last birthday: 88 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Operator	10b. KIND OF BUSINESS OR INDUSTRY: Grain	11. BIRTHPLACE (State or foreign country): Frederick County, Md	12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME: Charles B. Simpson		14. MOTHER'S MAIDEN NAME: Mary Getzendanner		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If year, give war or dates of service): no	16. SOCIAL SECURITY No.: none	17. INFORMANT AND ADDRESS: G. Blair Simpson		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac dilatation	
422.2 Antecedent cause(s)	(b) with pulmonary effusion	6 hrs.
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Chronic Myocarditis	5 yrs +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1950, to Feb. 27, 1950, that I last saw the deceased alive on Feb. 27, 1950, and that death occurred at 11 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
B. O. Thomas	Frederick, Md	Feb. 28-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 3/2/50	NAME OF CEMETERY OR CREMATORY: Mt. View Cem.	LOCATION (City, town, or county) (State): Union Bridge, Md.
DATE REC'D BY LOCAL REG.: 28 Feb 1950	REGISTRAR'S SIGNATURE: Elizabeth G. Heck	24. FUNERAL DIRECTOR: D. W. Hartzler & Sons	ADDRESS: Union Bridge & New Windsor, Md.

496x4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

01576

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Frederick
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place): 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Shookstown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) CARRIE (Middle) E. (Last) SLACK

4. DATE OF DEATH: (Month) February (Day) 22nd (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 30, 1876

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James H. Lickey

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Frederick F. Slack, Shookstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary occlusion	4 weeks
420.0 93d	(c) Arteriosclerotic heart disease	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 20 February 1950, to 22 February 1950, that I last saw the deceased alive on 22 February, 1950, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James B. Thomas, M.D.		Frederick Md.	2/24/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 25, 1950	Hill Top Gardens	Lincoln, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
24 Feb 1950	Elizabeth G. Tech.	C. E. Cline & Son, Frederick, Maryland	

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FEB 28 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01577

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Frederick
City or Town: Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 months
Hospital, Institution, or street address where death occurred:
Emergency Hospital, Frederick, Md.
How long in hospital or institution? 2 months.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Knoxville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: DONT KNOW

3.(a) FULL NAME: Oliver Smith

3.(b) Social Security Number: 705-12-7981

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	UN-KNOWN

6.(b) Name of husband or wife: UN-KNOWN 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): about 1880

8. AGE:

Years	Months	Days	If less than one day
69			..... hrs. ..... min.

9. Birthplace: UN-KNOWN (Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER 12. Name:

13. Birthplace:

MOTHER 14. Maiden name:

15. Birthplace:

16. Informant: EMERGENCY HOSPITAL
Address: FREDERICK, MARYLAND

17. REMOVAL (Burial, cremation, or removal. Which?) Date thereof 2-8-1950 (month) (day) (year)
Cemetery or crematory: SCOTLAND NECK FUNERAL HOME
Location: WELDON, NORTH CAROLINA

18. Funeral director: C. H. FEETE AND BRO
Address: BRUNSWICK, MARYLAND.

19. 8 Feb 1950 (Date rec'd by registrar) Elizabeth G. Herb Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 7 1950 at 1:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 19, 1949 to Feb. 7, 1950 and that I last saw him alive on Feb. 7, 1950

Immediate cause of death: Arterio-sclerotic Cardio-vasuular disease. — DURATION: 7 years

Due to:

Due to:

Other conditions:

4221 (Include pregnancy within 3 months of death)

Major findings of operations: 932 Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Bernard Hammaker M.D. M. D. or other

Address: Frederick, Md Date signed: Feb. 7, 1950

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MARYLAND STATE DEPARTMENT OF HEALTH

01578

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 10 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 501 East Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 501 East Church Street

3. NAME OF DECEASED (Type or Print): (First) MAY (Middle) KEMP (Last) SNYDER

4. DATE OF DEATH: (Month) 2 (Day) 3 (Year) 19 50

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) ..

8. DATE OF BIRTH: Unknown 1875 ?

9. AGE last birthday: 75 ? yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Calvin F. Kemp

14. MOTHER'S MAIDEN NAME: Sarah Jane Kintz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. L. K. Thompson 2731 Highland Ave., Birmingham, Ala.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 5 days

592 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131 b

(b) Chronic Nephritis — 5 yrs +

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1950, to Feb. 3, 1950, that I last saw the deceased alive on Feb. 3, 1950, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE B O Thompson (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 2-3-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 2-6-50 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) Frederick, Maryland (State)

DATE REC'D BY LOCAL REG. 6-Feb-1950 REGISTRAR'S SIGNATURE Elizabeth G. Tack

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

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FEB 8 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01579

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY: Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick — LENGTH OF STAY (in this place): 10 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 144 West Patrick Street	STREET ADDRESS (If rural, give location): 144 West Patrick Street

3. NAME OF DECEASED (Type or Print)	(First) WALTER	(Middle) LEWIS	(Last) SPITTLE	4. DATE OF DEATH	(Month) 2	(Day) 22	(Year) 1950
5. SEX: M	6. COLOR OR RACE: W	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) M	8. DATE OF BIRTH: 4-29-1874	9. AGE last birthday: 75 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bureau of Internal Revenue	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Point of Rocks, Maryland	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME: Lewis Spittle			14. MOTHER'S MAIDEN NAME: Amelia Payne				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)		16. SOCIAL SECURITY NO.: ?	17. INFORMANT AND ADDRESS: Mrs. May Spittle (same as home address)				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X	Immediate cause	(a) Cerebral Hemorrhage	5 da.
	Antecedent cause(s)		
830	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	unknown
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic Arthritis — unknown

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) —	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —		

22. I hereby certify that I attended the deceased from Feb. 18, 1950, to Feb. 22, 1950, that I last saw the deceased alive on Feb. 21, 1950, and that death occurred at 10:50 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur F. Woodward	M. D.	Frederick, Maryland	2-22-50

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify): Burial	DATE: 2-25-50	NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery	LOCATION (City, town, or county) (State): Point of Rocks, Maryland
DATE REC'D BY LOCAL REG.: 23 Feb 1950	REGISTRAR'S SIGNATURE: Elizabeth G. Heck.	24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland	ADDRESS

XVX 97

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FEB 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01580

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
~~CITY~~, (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick-Rural
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montaview Home for age

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frede
~~CITY~~, (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Rural — Frederick
STREET ADDRESS (If rural, give location): Rural — Fredreick

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Jane (Last) Strawder

4. DATE OF DEATH: (Month) 2 (Day) I6 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Col.

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Widowed

8. DATE OF BIRTH: 4- 23- [illegible]62

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: ----------

11. BIRTHPLACE (State or foreign country): Frederick County

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James E. Murdock

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT AND ADDRESS: John T. Strawder II9 W. All Saints

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio - sclerotic Cardio - vascular disease — Interval between onset and death: 10 years.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

422.1

93d

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1946, to Feb. 16, 1950, that I last saw the deceased alive on Feb. 15, 1950, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE: Bernard Thomas — (Degree or title): M.D. — ADDRESS: Frederick, Md. — DATE SIGNED

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE: 2-18-50 — NAME OF CEMETERY OR CREMATORY: Fairview — LOCATION (City, town, or county) (State): Frederick

DATE REC'D BY LOCAL REG.: 17-Feb-1950 — REGISTRAR'S SIGNATURE: Elizabeth J. Heck

24. FUNERAL DIRECTOR — ADDRESS: Charles E. Hicks III 24-W. All Saints

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01581

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural RD#3
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Mountaindale

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural RD#3
STREET ADDRESS (If rural, give location) Near Mountaindale

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MATTIE	MARTZ	STULL	2	3	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	M	3-16-1883	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frederick County Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles C. Martz
14. MOTHER'S MAIDEN NAME: Mary Craver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Ira S. Stull RFD#3, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4201 Immediate cause	(a) Coronary Thrombosis	10 minutes
Antecedent cause(s)		
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, advanced	15 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — duration unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from (4-15-)3 Feb 50, to (4-4-)3 Feb 50, that I last saw the deceased alive on 3 Feb, 1950, and that death occurred at 4:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jamiller Jr	M. D.	Walkersville, Maryland	2-6-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-7-50	Zion Reformed Cemetery	Charlesville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-Feb 1950	Elizabeth G. Heck	H. R. Etchison & Son, Frederick, Maryland	

RECEIVED
FEB 9 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

01582

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH
COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: From 5/3/45 to present
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: State Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: --
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 203 W. West ✓

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Wagner

4. DATE OF DEATH: (Month) Feb. (Day) 23, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 3, 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Boone

14. MOTHER'S MAIDEN NAME: Mary Boone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT: Patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 × **Immediate cause** (a) Pulmonary Tuberculosis — About 12 yrs.

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 45, to Feb. 23, 1950., that I last saw the deceased alive on Feb. 23, 1950., and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): D. B. Lyon, M.D. ADDRESS: State Sanatorium, Md. DATE SIGNED: 2/24/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Mar. 15, 1950 — NAME OF CEMETERY OR CREMATORY: Moreland Mem. Cem. — LOCATION (City, town, or county) (State): Baltimore Co. Md

DATE REC'D BY LOCAL REG. 2/23/50 — REGISTRAR'S SIGNATURE: D. B. Lyon

24. FUNERAL DIRECTOR — ADDRESS: M. P. Creager & Son, Thurmont, Md.

RECEIVED
FEB 27 1950
BUREAU V. S.

01583

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 309 Madison St.

3. NAME OF DECEASED (Type or Print) (First) Baby Boy (Middle) William Francis (Last) Wars

4. DATE OF DEATH (Month) February (Day) 21 (Year) 1950

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 2-19-50
9. AGE last birthday — yrs. If under 1 year Months — Days 2 If under 24 hrs. Hours 4 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Frederick, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William F Wars
14. MOTHER'S MAIDEN NAME Hattie H Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT William F Wars

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pre-maturity (6½-7 months)

776

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 February 1950, to 21 February 1950, that I last saw the deceased alive on 20 February, 1950, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE James B. Thomas, M.D. (Degree or title) ADDRESS Frederick, Maryland DATE SIGNED 2/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb 23-1950
NAME OF CEMETERY OR CREMATORY Fairview
LOCATION (City, town, or county) Frederick, Md. (State)

DATE REC'D BY LOCAL REG. Feb 23-1950
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR Chas. E. Hicks ADDRESS 3rd — Fred. Maryland

2-0-2-19-0-20-4-26-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01584

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick-Rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick RFD#3
STREET ADDRESS (If rural, give location): Bethel

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) MAY (Last) WASTLER

4. DATE OF DEATH: (Month) 2 (Day) 13 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: 5-31-1869

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Yellow Springs, Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Davis Shankle

14. MOTHER'S MAIDEN NAME: Harriett Stull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Samuel E. Harris, R. F. D. #3, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

172 **Immediate cause** (a) Carcinoma body of uterus — Interval Between Onset and Death: 1 year

48b **Antecedent cause(s)**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1949, to Feb. 13, 1950, that I last saw the deceased alive on Feb. 12, 1950, and that death occurred at 6 AM m., from the causes and on the date stated above.

SIGNATURE: Bernard O. Thomas Jr. — (Degree or title): M. D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 2-13-50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE: 2-15-50 — NAME OF CEMETERY OR CREMATORY: Pleasant Hill Cemetery — LOCATION (City, town, or county) (State): Near Yellow Springs, Md.

DATE REC'D BY LOCAL REG.: 14 Feb 1950 — REGISTRAR'S SIGNATURE: Elizabeth G. Heck.

24. FUNERAL DIRECTOR — ADDRESS: M. R. Etchison & Son, Frederick, Maryland

RECEIVED
FEB 16 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

01585

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; MARYLAND; LENGTH OF STAY (in this place) From 2/14/49 to present; HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Remus (Middle) (Last) Waugh

4. DATE OF DEATH: (Month) Feb. (Day) 21, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 23, 1906

9. AGE last birthday: 43 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Landscaper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Waugh

14. MOTHER'S MAIDEN NAME: Lula Hearld

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: Lost

17. INFORMANT: Patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — About 2½ yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 1949, to Feb 21., 1950, that I last saw the deceased alive on Feb. 21, 1950, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE O B. Lyon, M.D. (Degree or Title) ADDRESS State Sanatorium, Md. DATE SIGNED 2/21/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE: Feb. 24, 1950; NAME OF CEMETERY OR CREMATORY: Washington Natl. Cem.; LOCATION (City, town, or county): Prince Georges Co. (State): Md.

DATE REC'D BY LOCAL REG. 2/21/50; REGISTRAR'S SIGNATURE O B Lyon

24. FUNERAL DIRECTOR: M. L. Creagon & Son, Thurmont, Md. ADDRESS

9044

FEB 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01586

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A13

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Frederick~~ — LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Fred.
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Knoxville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Larry (Middle) James (Last) Weber

4. DATE OF DEATH: (Month) 2 (Day) 22 (Year) 1950

5. SEX Male — 6. COLOR OR RACE White — 7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH July 9 - 1949

9. AGE last birthday yrs. — If under 1 year: Months | Days — If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Weber

14. MOTHER'S MAIDEN NAME Joyce Hawes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) no

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS George Hawes - Grandfather.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Meningitis, etiology probably meningococcus — 5 Days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bilateral pneumonia, etiology unknown — 2 Days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

6 057.0

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 21, 1950, to Feb 22, 1950, that I last saw the deceased alive on Feb 22, 1950, and that death occurred at 2-22-50 12 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Jerry V. Chase M.D. — 7 E. Church St Frederick Md

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) — DATE Feb 23-1950 — NAME OF CEMETERY OR CREMATORY Brethren Cem. — LOCATION (City, town, or county) (State) Brownsville, Maryland

DATE REC'D BY LOCAL REG. 22 Feb 1950 — REGISTRAR'S SIGNATURE Elizabeth G. Heck.

24. FUNERAL DIRECTOR — ADDRESS C. P. Fuston Bro Brunswick Md

1-0-7-09-9-17-2-40-X

RECEIVED
FEB 27 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01587

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place): 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 90 lincoln Apts.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Fredreick
STREET ADDRESS (If rural, give location): 90 Lincoln Apts.

3. NAME OF DECEASED (Type or Print) (First): Addie (Middle): Victoria (Last): Williams

4. DATE OF DEATH (Month): 2 (Day): 28 (Year): 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): married

8. DATE OF BIRTH: Apr. 3, 1890

9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: **************

11. BIRTHPLACE (State or foreign country): Fredreick, Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Williams

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Howard Williams 90 Lincoln Apts.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion	5 minutes
420.1 Antecedent cause(s)			
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary Sclerosis	1 year
	(c)	Hypertensive cardiovascular disease	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Feb 28, 1950, that I last saw the deceased alive on Feb 24, 1950, and that death occurred at 5 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L R Schoolman — ADDRESS: 228 N. Market St — DATE SIGNED: 3/3/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE: 3-4-50 — NAME OF CEMETERY OR CREMATORY: Fairview — LOCATION (City, town, or county): Frederick — (State): Md.

DATE REC'D BY LOCAL REG.: 4 March 1950 — REGISTRAR'S SIGNATURE: Elizabeth G. Hack.

24. FUNERAL DIRECTOR: Charles E. Hicks III — ADDRESS: 24 W. All Saints S

Frederick, Maryland

RECEIVED
MAR 9 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01588 Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 229 Washington Street

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) ELIAS (Last) ZIMMERMAN
4. DATE OF DEATH: (Month) 2 (Day) 13 (Year) 1950
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) M
8. DATE OF BIRTH: 9-21-1874
9. AGE last birthday: 75 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - B. & O. Railroad Employee
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Near Frederick, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Zackery E. Zimmerman
14. MOTHER'S MAIDEN NAME: Anna Baer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. 214-10-5943
17. INFORMANT AND ADDRESS: Mrs. Nellie K. Zimmerman 229 Washington St., Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac decompensation	3 days
Antecedent cause(s) 422.1		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932	(b) Arteriosclerotic cardiovascular disease	10 yrs
	(c) Cerebral hemorrhage	4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9, 1950 to 2/13, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
L. R. Robertson M. D. Frederick, Maryland 2-13-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE 2-15-50
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 14 Feb 1950
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR ADDRESS
M. R. Etchison & Son, Frederick, Maryland

43647

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